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					CURRENT		PROP	OSED	
				1	COIL	Current	1101	Proposed	
				Non-	Current	Adjusted	Proposed	Adjusted	
	Proce-		Age	Facility (N)/	Medicaid	Medicaid	Medicaid	Medicaid	
TOS*	dure Code	Long Description	Range	Facility (F)	Fee	Fee	Fee	Fee	Explanation
									Per encounter and standardize rates
1	92507	**	0-20	P2	\$28.67	\$28.67	\$107.78	\$107.78	for all providers
									Per encounter and standardize rates
1	92507	**	0-20		\$28.67	\$28.67	\$107.78	\$107.78	for all providers
									Per encounter and standardize rates
1	92507	**	21-999	P2	\$28.67	\$28.67	\$107.78	\$107.78	for all providers
	02507	**	21 000		#20 c7	#20 CT	φ10 7.7 0	φ10 7.7 0	Per encounter and standardize rates
1	92507	**	21-999		\$28.67	\$28.67	\$107.78	\$107.78	for all providers Per encounter and standardize rates
1	92508	**	0-20	P2	\$11.72	\$11.72	\$45.53	\$45.53	for all providers
1	92308		0-20	r2	\$11.72	\$11.72	\$43.33	Φ43.33	Per encounter and standardize rates
1	92508	**	0-20		\$11.72	\$11.72	\$45.53	\$45.53	for all providers
	72300		0-20		ψ11.72	ψ11.72	Ψ-3.33	Ψ-3.33	Per encounter and standardize rates
1	92508	**	21-999	P2	\$11.72	\$11.72	\$45.53	\$45.53	for all providers
	72000			1.2	\$111,2	\$111,2	\$ 10.00		Per encounter and standardize rates
1	92508	**	21-999		\$11.72	\$11.72	\$45.53	\$45.53	for all providers
									•
1	92521	**	0-20	P2	\$90.00	\$90.00	\$101.12	\$101.12	Standardize Rates for all providers
1	92521	**	0-20		\$87.89	\$87.89	\$101.12	\$101.12	Standardize Rates for all providers
1	92521	**	21-999	P2	\$90.00	\$90.00	\$101.12	\$101.12	Standardize Rates for all providers
	00501	**	21 000		#0 7 00	#0 7 00	***	****	
1	92521	**	21-999		\$87.89	\$87.89	\$101.12	\$101.12	Standardize Rates for all providers
1	92522	**	0-20	P2	\$112.50	\$112.50	\$127.36	\$127.36	Standardize Rates for all providers
1	92322		0-20	r Z	\$112.30	\$112.30	\$127.30	\$127.30	Standardize Rates for all providers
1	92522	**	0-20		\$109.86	\$109.86	\$127.36	\$127.36	Standardize Rates for all providers
	72022		0 20		ψ107.00	ψ107.00	ψ1 2 7.00	ψ127.00	Surrounding Funds for the providers
1	92522	**	21-999	P2	\$112.50	\$112.50	\$127.36	\$127.36	Standardize Rates for all providers
									-
1	92522	**	21-999		\$109.86	\$109.86	\$127.36	\$127.36	Standardize Rates for all providers
1	92523	**	0-20	P2	\$150.00	\$150.00	\$169.81	\$169.81	Standardize Rates for all providers
	00500	distr	0.20		01.15.10	01.15.10	0.1.50.0.1	0.1.50.01	
1	92523	**	0-20		\$146.48	\$146.48	\$169.81	\$169.81	Standardize Rates for all providers
1	02522	**	21 000	D2	¢150.00	¢150.00	¢1.c0.01	¢1.c0.01	Ct 1 1: D -t f 11 : 1
1	92523	400	21-999	P2	\$150.00	\$150.00	\$169.81	\$169.81	Standardize Rates for all providers
1	92523	**	21-999		\$146.48	\$146.48	\$169.81	\$169.81	Standardize Rates for all providers
1	72323		21-777		Ψ1-10.70	Ψ1-10.70	Ψ107.01	Ψ107.01	Sandardize Rates for an providers
1	92524	**	0-20	P2	\$75.00	\$75.00	\$86.82	\$86.82	Standardize Rates for all providers
									, , , , , , , , , , , , , , , , , , ,
1	92524	**	0-20		\$73.24	\$73.24	\$86.82	\$86.82	Standardize Rates for all providers
1	92524	**	21-999	P2	\$75.00	\$75.00	\$86.82	\$86.82	Standardize Rates for all providers
1	92524	**	21-999		\$73.24	\$73.24	\$86.82	\$86.82	Standardize Rates for all providers

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					CUR	CURRENT		OSED	
			T		CCK	Current	TROI	Proposed	
				Non-	Current	Adjusted	Proposed	Adjusted	
	Proce-		Age	Facility (N)/	Medicaid	Medicaid	Medicaid	Medicaid	
TOS*	dure Code	Long Description	Range	Facility (F)	Fee	Fee	Fee	Fee	Explanation
									Per encounter and standardize rates
1	92526	**	0-20	P2	\$32.62	\$32.62	\$107.78	\$107.78	for all providers
									Per encounter and standardize rates
1	92526	**	0-20		\$30.17	\$30.17	\$107.78	\$107.78	for all providers
								·	Per encounter and standardize rates
1	92526	**	21-999	P2	\$32.62	\$32.62	\$107.78	\$107.78	for all providers
									Per encounter and standardize rates
1	92526	**	21-999		\$30.17	\$30.17	\$107.78	\$107.78	for all providers
1	02610	**	0.000	DO.	¢102.10	¢102.10	¢205.12	¢205.12	Grand David Harris
1	92610	<u> </u>	0-999	P2	\$193.10	\$193.10	\$205.12	\$205.12	Standardize Rates for all providers
1	92610	**	0-999		\$188.56	\$188.56	\$205.12	\$205.12	Standardize Rates for all providers
									Modality procedure code - pay in
									addition to standard treatment
1	97012	**	0-20	P2	\$32.62	\$32.62	\$16.51	\$16.51	services
									Modality procedure code - pay in
									addition to standard treatment
1	97012	**	0-20		\$30.17	\$30.17	\$16.51	\$16.51	services
									Modality procedure code - pay in
								****	addition to standard treatment
1	97012	**	21-999	P2	\$32.62	\$32.62	\$16.51	\$16.51	services
									Modality procedure code - pay in addition to standard treatment
1	07012	**	21 000		¢20.17	¢20.17	01651	¢1.6.5.1	
1	97012	-de-de-	21-999		\$30.17	\$30.17	\$16.51	\$16.51	services Modality procedure code - pay in
									addition to standard treatment
1	97014	**	0-20	P2	\$25.34	\$25.34	\$16.15	\$16.15	services
	77014		0 20	12	Ψ23.34	Ψ23.34	Ψ10.13	Ψ10.13	Modality procedure code - pay in
									addition to standard treatment
1	97014	**	0-20		\$23.44	\$23.44	\$16.15	\$16.15	services
								·	Modality procedure code - pay in
									addition to standard treatment
1	97014	**	21-999	P2	\$25.34	\$25.34	\$16.15	\$16.15	services
									Modality procedure code - pay in
									addition to standard treatment
1	97014	**	21-999		\$23.44	\$23.44	\$16.15	\$16.15	services
									Modality procedure code - pay in
			0.00					*** = .	addition to standard treatment
1	97016	**	0-20	P2	\$25.34	\$25.34	\$19.74	\$19.74	services Modality procedure code - pay in
									addition to standard treatment
1	97016	**	0-20		\$23.44	\$23.44	\$19.74	\$19.74	services
1	7/010	• • •	0-20		ΦΔͿ.44	ΦΔ3.44	Φ17./4	Φ17./4	Modality procedure code - pay in
									addition to standard treatment
1	97016	**	21-999	P2	\$25.34	\$25.34	\$19.74	\$19.74	services
	7,010		21 ///	1.2	Ψ23.37	Ψ23.37	Ψ12.17	Ψ12.17	Modality procedure code - pay in
									addition to standard treatment
1	97016	**	21-999		\$23.44	\$23.44	\$19.74	\$19.74	services
<u> </u>	2.310			1	,···	+ =2	T-211	T-211	

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					CUR	CURRENT		OSED	
						Current		Proposed	
				Non-	Current	Adjusted	Proposed	Adjusted	
	Proce-		Age	Facility (N)/	Medicaid	Medicaid	Medicaid	Medicaid	
TOS*	dure Code	Long Description	Range	Facility (F)	Fee	Fee	Fee	Fee	Explanation
									Modality procedure code - pay in
									addition to standard treatment
1	97018	**	0-20	P2	\$25.34	\$25.34	\$11.13	\$11.13	services
									Modality procedure code - pay in
									addition to standard treatment
1	97018	**	0-20		\$23.44	\$23.44	\$11.13	\$11.13	services
									Modality procedure code - pay in
									addition to standard treatment
1	97018	**	21-999	P2	\$25.34	\$25.34	\$11.13	\$11.13	services
									Modality procedure code - pay in
									addition to standard treatment
1	97018	**	21-999		\$23.44	\$23.44	\$11.13	\$11.13	services
									Modality procedure code - pay in
									addition to standard treatment
1	97022	**	0-20	P2	\$32.62	\$32.62	\$24.05	\$24.05	services
									Modality procedure code - pay in
	.=				***	***	****	****	addition to standard treatment
1	97022	**	0-20		\$30.17	\$30.17	\$24.05	\$24.05	services
									Modality procedure code - pay in
	07022	**	21 000	700	#22 C2	Ф22.62	024.05	#24.05	addition to standard treatment
1	97022	**	21-999	P2	\$32.62	\$32.62	\$24.05	\$24.05	services
									Modality procedure code - pay in
1	07022	**	21 000		¢20.17	¢20.17	¢24.05	\$24.05	addition to standard treatment
1	97022	400	21-999		\$30.17	\$30.17	\$24.05	\$24.05	services Modality procedure code - pay in
									addition to standard treatment
1	97024	**	0-20	P2	\$25.34	\$25.34	\$6.82	\$6.82	services
1	97024		0-20	12	\$23.34	\$23.34	\$0.62	\$0.62	Modality procedure code - pay in
									addition to standard treatment
1	97024	**	0-20		\$23.44	\$23.44	\$6.82	\$6.82	services
-	77021		0 20		Ψ23.11	Ψ23.11	ψ0.02	ψο.σ2	Modality procedure code - pay in
									addition to standard treatment
1	97024	**	21-999	P2	\$25.34	\$25.34	\$6.82	\$6.82	services
									Modality procedure code - pay in
									addition to standard treatment
1	97024	**	21-999		\$23.44	\$23.44	\$6.82	\$6.82	services
									Modality procedure code - pay in
									addition to standard treatment
1	97026	**	0-20	P2	\$25.34	\$25.34	\$6.10	\$6.10	services
									Modality procedure code - pay in
									addition to standard treatment
1	97026	**	0-20		\$23.44	\$23.44	\$6.10	\$6.10	services
									Modality procedure code - pay in
									addition to standard treatment
1	97026	**	21-999	P2	\$25.34	\$25.34	\$6.10	\$6.10	services
									Modality procedure code - pay in
	0.000				***	***		0.5.10	addition to standard treatment
1	97026	**	21-999	<u> </u>	\$23.44	\$23.44	\$6.10	\$6.10	services

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					CURRENT		PROPOSED		
						Current		Proposed	
				Non-	Current	Adjusted	Proposed	Adjusted	
	Proce-		Age	Facility (N)/	Medicaid	Medicaid	Medicaid	Medicaid	
TOS*	dure Code	Long Description	Range	Facility (F)	Fee	Fee	Fee	Fee	Explanation
									Modality procedure code - pay in
									addition to standard treatment
1	97028	**	0-20	P2	\$32.62	\$32.62	\$7.54	\$7.54	services
									Modality procedure code - pay in
									addition to standard treatment
1	97028	**	0-20		\$30.17	\$30.17	\$7.54	\$7.54	services
									Modality procedure code - pay in
									addition to standard treatment
1	97028	**	21-999	P2	\$32.62	\$32.62	\$7.54	\$7.54	services
									Modality procedure code - pay in
									addition to standard treatment
1	97028	**	21-999		\$30.17	\$30.17	\$7.54	\$7.54	services
									Per 15 Minutes and standardize rates
1	97032	**	0-20	P2	\$32.62	\$32.62	\$37.07	\$37.07	for all providers
									Per 15 Minutes and standardize rates
1	97032	**	0-20		\$30.17	\$30.17	\$37.07	\$37.07	for all providers
									Per 15 Minutes and standardize rates
1	97032	**	21-999	P2	\$32.62	\$32.62	\$37.07	\$37.07	for all providers
									Per 15 Minutes and standardize rates
1	97032	**	21-999		\$30.17	\$30.17	\$37.07	\$37.07	for all providers
	.=		0.00					****	Per 15 Minutes and standardize rates
1	97033	**	0-20	P2	\$32.62	\$32.62	\$35.29	\$35.29	for all providers
,	07022	**	0.20		#20 1 7	#20 1 7	#25.20	#25.20	Per 15 Minutes and standardize rates
1	97033	**	0-20		\$30.17	\$30.17	\$35.29	\$35.29	for all providers Per 15 Minutes and standardize rates
1	07022	**	21 000	D2	¢22.62	¢22.62	¢25.20	¢25.20	
1	97033	ייי	21-999	P2	\$32.62	\$32.62	\$35.29	\$35.29	for all providers Per 15 Minutes and standardize rates
1	97033	**	21-999		\$20.17	\$20.17	\$25.20	\$35.29	
1	97033	30.00	21-999		\$30.17	\$30.17	\$35.29	\$33.29	for all providers Per 15 Minutes and standardize rates
1	97034	**	0-20	P2	\$32.62	\$32.62	\$33.75	\$33.75	for all providers
	77034		0-20	12	Ψ32.02	Ψ32.02	ψ33.73	Ψ33.13	Per 15 Minutes and standardize rates
1	97034	**	0-20		\$30.17	\$30.17	\$33.75	\$33.75	for all providers
	<i>y</i> , 65.		0 20		φεσ.17	φεσ.17	Ψυυυ	φυσινυ	Per 15 Minutes and standardize rates
1	97034	**	21-999	P2	\$32.62	\$32.62	\$33.75	\$33.75	for all providers
									Per 15 Minutes and standardize rates
1	97034	**	21-999		\$30.17	\$30.17	\$33.75	\$33.75	for all providers
									Per 15 Minutes and standardize rates
1	97035	**	0-20	P2	\$32.62	\$32.62	\$34.78	\$34.78	for all providers
									Per 15 Minutes and standardize rates
1	97035	**	0-20		\$30.17	\$30.17	\$34.78	\$34.78	for all providers
									Per 15 Minutes and standardize rates
1	97035	**	21-999	P2	\$32.62	\$32.62	\$34.78	\$34.78	for all providers
									Per 15 Minutes and standardize rates
1	97035	**	21-999		\$30.17	\$30.17	\$34.78	\$34.78	for all providers
	.=	, .			***		***	***	Per 15 Minutes and standardize rates
1	97036	**	0-20	P2	\$32.62	\$32.62	\$33.75	\$33.75	for all providers
	07025	مادمان مادمان	0.20		000.15	#20.15	000.77	фос 7. 7	Per 15 Minutes and standardize rates
1	97036	**	0-20	<u> </u>	\$30.17	\$30.17	\$33.75	\$33.75	for all providers

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					CURRENT		PR∩P	OSED	
				1	COK	Current	TROI	Proposed	1
				Non-	Current	Adjusted	Proposed	Adjusted	
	Proce-		Age	Facility (N)/	Medicaid	Medicaid	Medicaid	Medicaid	
TOS*	dure Code	Long Description	Range	Facility (F)	Fee	Fee	Fee	Fee	Explanation
103	dure Code	Long Description	Kange	racinty (r)	ree	ree	ree	rec	
	.=							***	Per 15 Minutes and standardize rates
1	97036	**	21-999	P2	\$32.62	\$32.62	\$33.75	\$33.75	for all providers
	07026	**	21 000		#20.1 7	Ф20.17	#22.75	#22.75	Per 15 Minutes and standardize rates
1	97036	<u> </u>	21-999		\$30.17	\$30.17	\$33.75 Not a	\$33.75 Not a	for all providers
1	97039	**	0-20	P2	¢25.24	¢25.24	Not a Benefit	Not a Benefit	Remove as a Medicaid Benefit.
1	97039	400	0-20	P2	\$25.34	\$25.34	Not a	Not a	Remove as a Medicald Benefit.
1	97039	**	0-20		\$23.44	\$23.44	Benefit	Benefit	Remove as a Medicaid Benefit.
1	71037		0-20		\$23.44	\$23.44	Not a	Not a	Remove as a Medicaid Beliefit.
1	97039	**	21-999	P2	\$25.34	\$25.34	Benefit	Benefit	Remove as a Medicaid Benefit.
	71037		21)))	12	Ψ23.34	Ψ23.34	Not a	Not a	Remove as a Wedicard Benefit.
1	97039	**	21-999		\$23.44	\$23.44	Benefit	Benefit	Remove as a Medicaid Benefit.
	,,,,,,				7-211	7-2111			Per 15 Minutes and standardize rates
1	97110	**	0-20	P2	\$32.62	\$32.62	\$33.75	\$33.75	for all providers
									Per 15 Minutes and standardize rates
1	97110	**	0-20		\$30.17	\$30.17	\$33.75	\$33.75	for all providers
									Per 15 Minutes and standardize rates
1	97110	**	21-999	P2	\$32.62	\$32.62	\$33.75	\$33.75	for all providers
									Per 15 Minutes and standardize rates
1	97110	**	21-999		\$30.17	\$30.17	\$33.75	\$33.75	for all providers
									Per 15 Minutes and standardize rates
1	97112	**	0-20	P2	\$32.62	\$32.62	\$33.75	\$33.75	for all providers
									Per 15 Minutes and standardize rates
1	97112	**	0-20		\$30.17	\$30.17	\$33.75	\$33.75	for all providers
	07110	**	21 000	D0	#22 C2	Ф22.62	#22.75	#22.75	Per 15 Minutes and standardize rates
1	97112	**	21-999	P2	\$32.62	\$32.62	\$33.75	\$33.75	for all providers Per 15 Minutes and standardize rates
1	07112	**	21-999		\$20.17	\$20.17	¢22.75	\$33.75	
1	97112		21-999		\$30.17	\$30.17	\$33.75	φ33.73	for all providers
1	97113	**	0-20	P2	\$38.32	\$38.32	\$38.75	\$38.75	Standardize Rates for all providers
1	7/113		0-20	12	Ψ30.32	ψ30.32	ψ36.73	Ψ30.73	Standardize Rates for an providers
1	97113	**	0-20		\$35.43	\$35.43	\$38.75	\$38.75	Standardize Rates for all providers
	<i>></i> ,110		0 20		\$55.15	400110	Ψ20.76	ΨΕΘΙΤΕ	Standard De Ttates 101 am p10 (1001)
1	97113	**	21-999	P2	\$38.32	\$38.32	\$38.75	\$38.75	Standardize Rates for all providers
								,	, , , , , , , , , , , , , , , , , , , ,
1	97113	**	21-999		\$35.43	\$35.43	\$38.75	\$38.75	Standardize Rates for all providers
									Per 15 Minutes and standardize rates
1	97116	**	0-20	P2	\$30.08	\$30.08	\$31.22	\$31.22	for all providers
									Per 15 Minutes and standardize rates
1	97116	**	0-20		\$30.08	\$30.08	\$31.22	\$31.22	for all providers
									Per 15 Minutes and standardize rates
1	97116	**	21-999	P2	\$30.08	\$30.08	\$31.22	\$31.22	for all providers
	05444				#26.55	#26.55	001.55	001.55	Per 15 Minutes and standardize rates
1	97116	**	21-999		\$30.08	\$30.08	\$31.22	\$31.22	for all providers
	07124	**	0.20	D2	005.24	φος ο 4	000.16	000.15	Per 15 Minutes and standardize rates
1	97124	**	0-20	P2	\$25.34	\$25.34	\$28.16	\$28.16	for all providers Per 15 Minutes and standardize rates
1	97124	**	0-20		\$23.44	\$23.44	\$28.16	\$28.16	
1	9/124	6.95	0-20	l .	ΦΔ3.44	φ23.44	φ 20.10	φ ∠ δ.10	for all providers

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					CUR	CURRENT		OSED	
				I	CCI	Current	TROI	Proposed	
				Non-	Current	Adjusted	Proposed	Adjusted	
	Proce-		Age	Facility (N)/	Medicaid	Medicaid	Medicaid	Medicaid	
TOS*	dure Code	Long Description	Range	Facility (F)	Fee	Fee	Fee	Fee	Explanation
100		Zong Zooripuon	1111190	z weżniej (z)	100	100	100	100	Per 15 Minutes and standardize rates
1	97124	**	21-999	P2	\$25.34	\$25.34	\$28.16	\$28.16	for all providers
)/12 -		21)))	12	Ψ23.3¬	Ψ23.34	Ψ20.10	Ψ20.10	Per 15 Minutes and standardize rates
1	97124	**	21-999		\$23.44	\$23.44	\$28.16	\$28.16	for all providers
							Not a	Not a	·
1	97139	**	0-20	P2	\$32.62	\$32.62	Benefit	Benefit	Remove as a Medicaid Benefit.
							Not a	Not a	
1	97139	**	0-20		\$30.17	\$30.17	Benefit	Benefit	Remove as a Medicaid Benefit.
							Not a	Not a	
1	97139	**	21-999	P2	\$32.62	\$32.62	Benefit	Benefit	Remove as a Medicaid Benefit.
1	07120	**	21.000		¢20.17	¢20.17	Not a	Not a	D M.E. ID C.
1	97139	**	21-999		\$30.17	\$30.17	Benefit	Benefit	Remove as a Medicaid Benefit. Per 15 Minutes and standardize rates
1	97140	**	0-20	P2	\$30.84	\$30.84	\$31.80	\$31.80	for all providers
1	9/140		0-20	ΓZ	\$30.64	\$30.64	\$31.60	φ31.60	Per 15 Minutes and standardize rates
1	97140	**	0-20		\$30.84	\$30.84	\$31.80	\$31.80	for all providers
	37110		0 20		Ψ30.01	Ψ30.01	Ψ31.00	Ψ31.00	Per 15 Minutes and standardize rates
1	97140	**	21-999	P2	\$30.84	\$30.84	\$31.80	\$31.80	for all providers
									Per 15 Minutes and standardize rates
1	97140	**	21-999		\$30.84	\$30.84	\$31.80	\$31.80	for all providers
									Per encounter and standardize rates
1	97150	**	0-20	P2	\$32.62	\$32.62	\$34.31	\$34.31	for all providers
									Per encounter and standardize rates
1	97150	**	0-20		\$30.17	\$30.17	\$34.31	\$34.31	for all providers
1	97150	**	21-999	P2	¢22.62	\$22.C2	¢24.21	\$34.31	Per encounter and standardize rates for all providers
1	9/130	46.00	21-999	P2	\$32.62	\$32.62	\$34.31	\$34.31	Per encounter and standardize rates
1	97150	**	21-999		\$30.17	\$30.17	\$34.31	\$34.31	for all providers
	7/130		21)))		Ψ30.17	Ψ30.17	ψ54.51	Ψ54.51	for all providers
1	97161	**	0-20	P2	\$102.90	\$102.90	\$116.19	\$116.19	Standardize Rates for all providers
									•
1	97161	**	0-20		\$97.65	\$97.65	\$116.19	\$116.19	Standardize Rates for all providers
1	97161	**	21-999	P2	\$102.90	\$102.90	\$116.19	\$116.19	Standardize Rates for all providers
1	07161	**	21.000		07.65	07.65	011610	011610	C. 1 1: D. C. 11 :1
1	97161	<u> </u>	21-999		\$97.65	\$97.65	\$116.19	\$116.19	Standardize Rates for all providers
1	97162	**	0-20	P2	\$102.90	\$102.90	\$116.19	\$116.19	Standardize Rates for all providers
1	7/102		0-20	12	Ψ102.70	ψ102.70	ψ110.17	Ψ110.17	Standardize Rates for an providers
1	97162	**	0-20		\$97.65	\$97.65	\$116.19	\$116.19	Standardize Rates for all providers
									·
1	97162	**	21-999	P2	\$102.90	\$102.90	\$116.19	\$116.19	Standardize Rates for all providers
1	97162	**	21-999		\$97.65	\$97.65	\$116.19	\$116.19	Standardize Rates for all providers
4	071.60	ala ala	0.20	D2	Φ102 00	0102.00	011610	011610	
1	97163	**	0-20	P2	\$102.90	\$102.90	\$116.19	\$116.19	Standardize Rates for all providers
1	97163	**	0-20		\$97.65	\$97.65	\$116.19	\$116.19	Standardize Rates for all providers
	91103	• • •	0-20	<u> </u>	φ91.03	φ21.03	ψ110.17	ψ110.17	Standardize Rates for an providers

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					CURRENT		PROP	POSED	
TOS*	Proce- dure Code	Long Description	Age Range	Non- Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Explanation
1	97163	**	21-999	P2	\$102.90	\$102.90	\$116.19	\$116.19	Standardize Rates for all providers
1	97163	**	21-999		\$97.65	\$97.65	\$116.19	\$116.19	Standardize Rates for all providers
1	97164	**	0-20	P2	\$92.61	\$92.61	\$104.57	\$104.57	Standardize Rates for all providers
1	97164	**	0-20		\$87.89	\$87.89	\$104.57	\$104.57	Standardize Rates for all providers
1	97164	**	21-999	P2	\$92.61	\$92.61	\$104.57	\$104.57	Standardize Rates for all providers
1	97164	**	21-999		\$87.89	\$87.89	\$104.57	\$104.57	Standardize Rates for all providers
1	97165	**	0-20	P2	\$102.90	\$102.90	\$116.19	\$116.19	Standardize Rates for all providers
1	97165	**	0-20		\$97.65	\$97.65	\$116.19	\$116.19	Standardize Rates for all providers
1	97165	**	21-999	P2	\$102.90	\$102.90	\$116.19	\$116.19	Standardize Rates for all providers
1	97165	**	21-999		\$97.65	\$97.65	\$116.19	\$116.19	Standardize Rates for all providers
1	97166	**	0-20	P2	\$102.90	\$102.90	\$116.19	\$116.19	Standardize Rates for all providers
1	97166	**	0-20		\$97.65	\$97.65	\$116.19	\$116.19	Standardize Rates for all providers
1	97166	**	21-999	P2	\$102.90	\$102.90	\$116.19	\$116.19	Standardize Rates for all providers
1	97166	**	21-999		\$97.65	\$97.65	\$116.19	\$116.19	Standardize Rates for all providers
1	97167	**	0-20	P2	\$102.90	\$102.90	\$116.19	\$116.19	Standardize Rates for all providers
1	97167	**	0-20		\$97.65	\$97.65	\$116.19	\$116.19	Standardize Rates for all providers
1	97167	**	21-999	P2	\$102.90	\$102.90	\$116.19	\$116.19	Standardize Rates for all providers
1	97167	**	21-999		\$97.65	\$97.65	\$116.19	\$116.19	Standardize Rates for all providers
1	97168	**	0-20	P2	\$92.61	\$92.61	\$104.57	\$104.57	Standardize Rates for all providers
1	97168	**	0-20		\$87.89	\$87.89	\$104.57	\$104.57	Standardize Rates for all providers
1	97168	**	21-999	P2	\$92.61	\$92.61	\$104.57	\$104.57	Standardize Rates for all providers
1	97168	**	21-999		\$87.89	\$87.89	\$104.57	\$104.57	Standardize Rates for all providers
1	97530	**	0-20	P2	\$32.62	\$32.62	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97530	**	0-20		\$30.17	\$30.17	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers

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					CURRENT PROP		OSED	1	
			ľ		CUR	Current	PROP	Proposed	l l
				Non-	Current	Adjusted	Proposed	Adjusted	
	D		A		Medicaid	Medicaid	Medicaid	Medicaid	
TOC*	Proce-	I D : 4:	Age	Facility (N)/					T 1 4
TOS*	dure Code	Long Description	Range	Facility (F)	Fee	Fee	Fee	Fee	Explanation
									Per 15 Minutes and standardize rates
1	97530	**	21-999	P2	\$32.62	\$32.62	\$33.75	\$33.75	for all providers
									Per 15 Minutes and standardize rates
1	97530	**	21-999		\$30.17	\$30.17	\$33.75	\$33.75	for all providers
1	07525	**	0.20	DO.	#22.62	#22.c2	¢22.75	Ф22.75	Per 15 Minutes and standardize rates
1	97535	יףייף	0-20	P2	\$32.62	\$32.62	\$33.75	\$33.75	for all providers Per 15 Minutes and standardize rates
1	97535	**	0-20		\$30.17	\$30.17	\$33.75	\$33.75	for all providers
1	71333		0-20		\$30.17	φ30.17	\$33.73	φ33.73	Per 15 Minutes and standardize rates
1	97537	**	0-20	P2	\$32.62	\$32.62	\$33.75	\$33.75	for all providers
1	71331		0.20	12	Ψ32.02	Ψ32.02	Ψ33.73	Ψ33.73	Per 15 Minutes and standardize rates
1	97537	**	0-20		\$30.17	\$30.17	\$33.75	\$33.75	for all providers
									Per 15 Minutes and standardize rates
1	97542	**	0-20	P2	\$32.62	\$32.62	\$33.75	\$33.75	for all providers
									Per 15 Minutes and standardize rates
1	97542	**	0-20		\$30.17	\$30.17	\$33.75	\$33.75	for all providers
									Per 15 Minutes and standardize rates
1	97750	**	0-20	P2	\$32.62	\$32.62	\$33.75	\$33.75	for all providers
									Per 15 Minutes and standardize rates
1	97750	**	0-20		\$30.17	\$30.17	\$33.75	\$33.75	for all providers
1	07750	**	21 000	DO.	#22.62	#22.c2	¢22.75	Ф22.75	Per 15 Minutes and standardize rates
1	97750	ተተ	21-999	P2	\$32.62	\$32.62	\$33.75	\$33.75	for all providers Per 15 Minutes and standardize rates
1	97750	**	21-999		\$30.17	\$30.17	\$33.75	\$33.75	for all providers
1	91130		21-999		\$30.17	φ30.17	ψ33.73	Φ33.73	Per 15 Minutes and standardize rates
1	97760	**	0-20	P2	\$34.20	\$34.20	\$34.61	\$34.61	for all providers
	7				40.1120	40 1120	70 110 1	40.1100	Per 15 Minutes and standardize rates
1	97760	**	0-20		\$31.63	\$31.63	\$34.61	\$34.61	for all providers
									Per 15 Minutes and standardize rates
1	97761	**	0-20	P2	\$32.62	\$32.62	\$33.75	\$33.75	for all providers
									Per 15 Minutes and standardize rates
1	97761	**	0-20		\$30.17	\$30.17	\$33.75	\$33.75	for all providers
					****	****			Per 15 Minutes and standardize rates
1	97762	**	0-20	P2	\$35.09	\$35.09	\$35.66	\$35.66	for all providers
1	07762	**	0-20		\$35.09	\$25.00	\$25.66	\$25.66	Per 15 Minutes and standardize rates
1	97762	deat.	0-20		\$55.09	\$35.09	\$35.66	\$35.66	for all providers Per encounter and standardize rates
1	97799	**	0-20	P2	\$32.62	\$32.62	\$35.80	\$35.80	for all providers
1	71177		0-20	12	Ψ32.02	Ψ32.02	Ψ33.00	Ψ33.00	Per encounter and standardize rates
1	97799	**	0-20		\$30.17	\$30.17	\$35.80	\$35.80	for all providers
								, - 2 - 2 - 2	Per encounter and standardize rates
1	97799	**	21-999	P2	\$32.62	\$32.62	\$35.80	\$35.80	for all providers
									Per encounter and standardize rates
1	97799	**	21-999		\$30.17	\$30.17	\$35.80	\$35.80	for all providers
		Physical or manipulative							
		therapy performed for							
		maintenance rather than			.	.	Not a	Not a	
1	S8990	restoration	0-999	P2	\$32.62	\$32.62	Benefit	Benefit	Remove as a Medicaid Benefit.

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					CURI	RENT	PROP	POSED	
TOS*	Proce- dure Code	Long Description	Age Range	Non- Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Explanation
		Physical or manipulative therapy performed for maintenance rather than					Not a	Not a	
1	S8990	restoration	0-999		\$30.17	\$30.17	Benefit	Benefit	Remove as a Medicaid Benefit.
									Reduce Speech Therapy re-
									evaluation to 70 percent of
		Speech therapy, re-							evaluation rate and standardize rates
1	S9152	evaluation	0-20	P2	\$173.79	\$173.79	\$118.87	\$118.87	for all providers
									Reduce Speech Therapy re-
									evaluation to 70 percent of
		Speech therapy, re-							evaluation rate and standardize rates
1	S9152	evaluation	0-20		\$173.79	\$173.79	\$118.87	\$118.87	for all providers
									Reduce Speech Therapy re-
									evaluation to 70 percent of
		Speech therapy, re-							evaluation rate and standardize rates
1	S9152	evaluation	21-999		\$169.71	\$169.71	\$118.87	\$118.87	for all providers

*Type	*Type of Service (TOS)									
1	1 Medical Services									
*Place	*Place of Service									
P2	Home									

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